Docket No. 010071

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

RELEASABLE CABLE GRIP

I MEREBY CERTIFY THAT THIS CORRESPONDENCE IS
GEHIG DEPOSITED WITH THE UNITED STATES POSTAL
SERVICE AS EXPRESS MAIL NO. ET 3934/405045
IN AN ENVELOPE ADDRESSED TO: Ray ALL Andical
Commissioner for Patents, Washington, D.C. 20231
Wecembar 20, 2001

the specification of which

(check one)

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is attached hereto.	(wardakisch Cries
□ was filed on	as United States Application No. or PCT International
Application Number	
and was amended on	
	(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	_
(Number)	(Country)	(Day/Month/Year Filed)	_
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under application(s) listed below:	35 U.S.C. Section 119(e)	of any United States provisional
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
I hereby claim the benefit under 3 Section 365(c) of any PCT Internations insofar as the subject matter of ear United States or PCT International U.S.C. Section 112, I acknowledge Office all information known to me Section 1.56 which became available or PCT International filing date of this	onal application designating to the claims of this application in the manner prothe duty to disclose to the Uto be material to patentabile between the filing date of the contact of the total to the contact of the the contact of the the contact of	the United States, listed below and, ication is not disclosed in the prior ovided by the first paragraph of 35 Inited States Patent and Trademark ity as defined in Title 37, C. F. R.,
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

George Raynovich, Jr. (Reg. No. 19,829) Paul A. Beck (Reg. No. 22,289) Floyd B. Carothers (Reg. No. 24,252) William L. Krayer (Reg. No. 19,542) Paul A. Beck & Associates 1575 McFarland Road, Suite 100 Pittsburgh, PA 15216-1808 Telephone (412) 343-9700 Fax (412) 343-5787

Send Correspondence to: George Raynovich, Jr.

Direct Telephone Calls to: (name and telephone number)

George Raynovich, Jr. at (412) 653-1542

Full name of sole or first inventor Alan B. Shuey Sole or first inventor's signature Residence Monongahela, PA 15063 5521 Longview Avenue Citizenship **United States** Post Office Address 5521 Longview Avenue . Monongahela, PA 15063

Full name of second inventor, if any		
re	Date	
		
		
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